

California State University, Fullerton
Personal Lines (PL)

FALL 2012

PARTICIPANT DATA

Gender Male Female

First Name _____

Middle Initial _____

Last Name _____

First Name Preference _____

Preferred Mailing Address _____

City State Zip _____

Date of Birth (MM-DD-YYYY) _____ Last Four Digits of SSN _____

Home Phone _____

Cell Phone _____

Email Address _____

PAYMENT METHOD

Enclose \$100.00 Registration Fee: By Check (Make payable to: CIC)

By Credit Card VISA MC AMEX DISCOVER

Card Number _____

Expiration Date _____

Cardholder Signature _____

**The National Alliance is given permission to release the grade of this exam to
representatives of
California State University, Fullerton**

Student Signature

Return Form and Payment to:
Certified Insurance Counselors
PO Box 27027, Austin, TX 78755-2027
ATTN : Kathie Flynn, Registrations
Phone: (800) 633-2165, ext. 6154
Fax: 512-349-6194 kflynn@scic.com

For Office Use Only

Event Code: 20121231CAPL
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